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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/075,079 02/19/1998 OK *smm*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/11/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> Examiner's Signature Initials	STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
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TITLE  
 RECOMBINANT, BIOLOGICALLY ACTIVE HUMAN ZONE PELLUCIDA PROTEINS 3 (HZP3) TO TEST MALE FERTILITY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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